

**Vermont Office of Attorney General  
109 State Street  
Montpelier, VT 05609-1001**

**2014 Samples Disclosure Form for Manufacturers of Prescribed Products**

**Reporting Period: January 1, 2014 to December 31, 2014; Due Date: April 1, 2015**

Name of Manufacturer					
Last Name of Recipient				First Name	<div style="background-color: #A9A9A9; padding: 2px;">MI</div>
Lic. Number/ID Number of Recipient					
Date Delivered				Number of Samples	
Contents (Check all that apply)		<input type="checkbox"/> Product <input type="checkbox"/> Vouchers, etc <input type="checkbox"/> Other (Including Other Non-Prescribed Items or Educational Materials)			
Product					
Product Type	Product Name	Units/Sample	Dosage or N/A	Description	
▼					
▼					
▼					
Vouchers, Coupons, Co-Pay Cards, Etc.					
Product Type	Product Name, or N/A, Multiple Products, and/or Multiple Manufacturers	Vouchers/Sample	Description of Product/Discount		
▼					
▼					
▼					
Other (Including Other Non-Prescribed Items or Educational Materials)					
Product Type	Product Name, or N/A, or Multiple Products	Other Sample Type	Description of Item/Discount/Material		
▼		▼			
▼		▼			
▼		▼			

Next Disclosure

Submit by Email

Print for Your Records

## 2014 Samples Disclosure Field Values

### **Product Type**

Pharmaceuticals  
Biologics  
Medical Devices  
Combination Product  
Medical Food  
Infant Formula  
Medical Equipment/Supplies

### **Other Sample Type**

Non-Prescribed Item  
Educational Material  
Other